

To: Senate Public Health, Welfare, and Safety
From: WEEL – Olivia Riutta – oriutta@weelempowers.org, 406.495.0497.
Date: February 23, 2007
Re: SB 500 – Remove prohibition of CHIP insurance for contraception

PUBLIC HEALTH, WELFARE & SAFETY

Exhibit No.

Date

Bill No.



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2-23-07
SB 500

Mr. Chairman and members of the committee.

I am here today as a representative of WEEL. We are a state based non-profit organization that is made up of low-income Montanans and those who support us. We provide direct advocacy for our low-income neighbors. I come here today in support of SB 500, which would end discrimination against low-income teens in Montana's CHIP program.

I have worked on the CHIP program in MT for the past year, helping to enroll young Montanans without health insurance to this program. I have worked with youth to discuss the value of access to affordable health care to themselves and their families. Youth on CHIP understand fully, how important a program it for them.

Montana's CHIP program covers adolescents up to age 19. Currently, there are 1,133 young women between the ages of 15-19 enrolled in our CHIP program. In 2005, about three out of five (60%) of 12th graders in Montana reported having had sexual intercourse at least once. By age 19, over 75% of females and 85% of males have had intercourse. In Montana, over 40% of births are paid for by Medicaid. It is not good for young women or our health care dollars, to deny investment upfront through contraceptive coverage on CHIP, but pay for expensive births.

These teens deserve the same access to contraceptives that the rest of the population of Montana enjoys since the Attorney General's opinion guaranteeing contraceptive coverage in insurance plans with prescription drug coverage.

Montana is one of only two states (Pennsylvania is the other one) that doesn't cover any form of contraceptives in its CHIP program. Our neighboring states of North Dakota, Idaho and Wyoming all include contraceptive coverage in their CHIP plans.

Finally, it is imperative that we cover contraceptives under the CHIP programs because early child bearing affects the ability of a young woman to live a life free of poverty. "Children should be born to adults who are ready and able to nurture them. Research is clear that children of teen parents have more health problems, do more poorly in school, and are more likely to end up in prison or on welfare than children born to older parents. By preventing children from having children, we can address many vexing social problems, including the persistent cycle of poverty that comes from generations of teen childbearing."¹

Please do not allow this blatant discrimination against young women in the CHIP program to continue. They have just as much right to access safe, affordable reproductive health care as young women who have private insurance plans. Contraceptive use is proven to reduce the number of unintended pregnancies and abortions. It is poor public policy to willingly pay for expensive births, but deny young women the agency to act responsibly, access contraceptives, and stay out of poverty.

Thank you,

Olivia Riutta

¹ National Campaign to Prevent Teen Pregnancy, October 2006

February 23, 2007

SB 500 - Remove prohibition of CHIP insurance for contraception

My name is Jerri Rittel. As an educator in a high school program, I have had students' whose lives are altered by an unwanted pregnancy. In many cases, the students drop out of school to support the child, still just children themselves. The young parents are often overwhelmed by the responsibilities. An unexpected pregnancy to a teenager dictates a level of maturity and social preparedness that the future parents don't have, not to mention the financial responsibilities the parents are to be faced with. Making contraceptives available to those who cannot otherwise afford them is essential. I fully support the CHIP program providing contraceptive coverage.

Thank you,

Jerri Rittel

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